

Plan of Correction

Program Name: Lifeways	Date Submitted:	Date Due: 11/08/2020
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POC-1

Rule #: 67:61:05:05	<p>Rule Statement: Orientation of personnel. The agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation must be documented and must include at least the following items:</p> <ul style="list-style-type: none"> (1) Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy; (2) The confidentiality of all information about clients, including a review of the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 C.F.R. Parts 160 and 164 (April 17, 2003); (3) The proper maintenance and handling of client case records; (4) The agency's philosophical approach to treatment and the agency's goals; (5) The procedures to follow in the event of a medical emergency or a natural disaster; (6) The specific job descriptions and responsibilities of employees; (7) The agency's policies and procedure manual maintained in accordance with § 67:61:04:01; and (8) The agency's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8.
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Area of Noncompliance: *Four out of four files personnel files did not have a sign-off on reviewing the policy and procedure manual. The orientation form used in the personnel files also references ARSD 46:05, a law that is no longer valid. If the agency chooses to utilize the ARSD reference on the orientation form, the correct ARSD is 67:61.*

Corrective Action (policy/procedure, training, environmental changes, etc): Executive Director will include and review orientation form	Anticipated Date Achieved/Implemented:
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with new employees confirming the "review of policy manual to orientation form" has employee signature. Executive Director will review for signature.	Date 10-30-20
Supporting Evidence: See attached orientation form	Person Responsible: Executive Director
How Maintained: Executive Director will not hand off new employee paperwork until they have all required signatures.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

POC-2	
Rule #: 67:61:07:07	<p>Rule Statement: Continued service criteria. The program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record. It is appropriate to retain the client at the present level of care if:</p> <p>(1) The client is making progress, but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or</p> <p>(2) The client is not yet making progress, but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or</p> <p>(3) New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the client is receiving treatment is therefore, the least intensive level at which the client's new problems can be addressed effectively.</p> <p>The individualized plan of action to address the reasons for retaining the individual in the present level of care shall be documented every:</p> <p>(a) Two calendar days for:</p> <ul style="list-style-type: none"> (i) Clinically-managed residential detoxification; <p>(b) 14 calendar days for:</p> <ul style="list-style-type: none"> (i) Early intervention services; (ii) Intensive outpatient services; (iii) Day treatment services; and (iv) Medically monitored intensive inpatient treatment; and <p>(c) 30 calendar days for:</p>

	(i) Outpatient treatment program; and (ii) Clinically-managed low-intensity residential treatment.	
Area of Noncompliance: <i>The progress notes included continued service criteria. However, many of the reviewed client charts did not clearly define an individualized plan of action to address the reasons for retaining the individual in the present level of care.</i>		
Corrective Action (policy/procedure, training, environmental changes, etc): Clinical supervisor will train staff in clearly defining what “individualized care” is and how to align with level of care. Adding this item to Quality Assurance (QA) Form.		Anticipated Date Achieved/Implemented: Date 10-26-20
Supporting Evidence: Updated QA Form		Person Responsible: Clinical Supervisor
How Maintained: Quarterly QA reviews will ensure compliance.		Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

POC-3	
Rule #: 67:61:05:01	Rule Statement: Tuberculin screening requirements. Tuberculin screening requirements for employees are as follows: (1) Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12 month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous position reaction to either test; (2) A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease; (3) Each staff member, intern and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of Myobacterium tuberculosis. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and

	(4) Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.
Area of Noncompliance: <i>Two out of four files did not have TB tests completed within 14 days of hire or documentation of a prior TB test completed within the last 12-month period before date of employment.</i>	
Corrective Action (policy/procedure, training, environmental changes, etc): Executive Director will ensure compliance with all new hires, interns, volunteers. Executive Director will review during orientation and sign off for required TB compliance on the orientation form. Executive Director will not hand off Orientation Form to be filed until they have employee signatures and are in compliance.	Anticipated Date Achieved/Implemented: Date 10-26-20
Supporting Evidence: Signed Orientation Form in personnel file	Person Responsible: Executive Director
How Maintained: Executive Director will maintain control of new Orientation Form until in compliance.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-4	
Rule #: 67:61:05:12	Rule Statement: Office of Inspector General Medicaid exclusion list. Each agency shall routinely check the Office of Inspector General's List of Excluded Individuals and Entities to ensure that each new hire as well as any current employee is not on the excluded list. No payment may be provided for services furnished by an excluded individual. Documentation that this has been completed shall be placed in the employee's personnel file.
Area of Noncompliance: <i>Four out of four files did not contain documentation that the Medicaid Exclusion list had been checked upon hire or routinely.</i>	
Corrective Action (policy/procedure, training, environmental changes, etc): We will update orientation form adding checking Office of Inspector General's List of excluded individuals for each new hire. Executive Director will not hand off new employee paperwork until completed. Also, at the time we have our Annual Back to School Training in August all counselors will be checked through the Office of Inspector General's (IG) List of Individuals to ensure current employees are not on the excluded list confirmed by Executive Director.	Anticipated Date Achieved/Implemented: Date 10-26-2020
Supporting Evidence: Updated Orientation Form with IG List status, and every year personnel files will have a copy of the IG List status.	Person Responsible: Executive Director

How Maintained: Executive Director will review and sign off of every new employee orientation form and Annual August Back to School will check IG List status and add copy of search status to each personnel file.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>
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Program Director Signature: Paula Wilkinson Smith	Date: 10-26-20
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Please email or send Plan of Correction to:

Accreditation Program
 Department of Social Services
 Division of Behavioral Health
 3900 West Technology Circle, Suite 1
 Sioux Falls, SD 57106

Email Address: DSSBHAccred@state.sd.us